

Form S (Foundations as well as similar constructs)

Our reference Viseca: _____

Affiliated partner

Company _____ Street/no. _____
 _____ Postal code/city _____
 _____ Country _____

The undersigned hereby declare(s) that as board member of the foundation, or of the highest supervisory body of an underlying company of a foundation, known as:

_____ and, in such capacity, provide(s) to the best of his/her/their knowledge the following information to the bank/credit card issuer:

Information pertaining to the foundation (tick the two boxes applicable):

Type of foundation and revocability

☐ Discretionary foundation or ☐ Non-discretionary foundation

☐ Revocable foundation or ☐ Irrevocable foundation

Information pertaining to the (ultimate economic, not fiduciary) founder (individual(s) or entity/-ies):

(First name(s) / last name(s) / date of birth / nationality / home address / if deceased, date of death)

In case of a revocable foundation: does the founder have the right to revoke the foundation? ☐ Yes ☐ No

If the foundation results from the restructuring of a pre-existing foundation (re-settlement) or the merger of pre-existing foundations, the following information pertaining to the (actual) founder(s) of the pre-existing foundation(s) has to be given (first name(s) / last name(s) / date of birth / nationality / home address / if deceased, date of death):

Information pertaining to the beneficiary/-ies at the time of the signing of this form:

(First name(s) / last name(s) / date of birth / nationality / home address)

Has/Have the beneficiary/-ies an actual right to claim a distribution? ☐ Yes ☐ No

And in addition to certain beneficiaries or if there is/are no defined beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the founder) known at the time of the signing of this form:

Information pertaining to (a) further person(s) having the right to determine or nominate representatives (e.g. members of the foundation board), if these representatives may dispose over the assets or have the right to change the distribution of the assets or the nomination of beneficiaries:

(First name(s) / last name(s) / date of birth / nationality / home address)

In case of a revocable foundation:

is/are there (a) further person(s) with the right to revoke the foundation?

☐ Yes ☐ No

The company undertakes to disclose any changes with regard to the bank/credit card issuer on its own initiative. It is a criminal offence to deliberately provide false information on this form (Art. 251 of the Swiss Penal Code, forgery of documents; punishable by a prison sentence of up to five years or a fine).

Place/date:

Place/date:

Legally valid signature/s of contractual party

(joint signature, if required)

Legally valid signature/s of contractual party

(joint signature, if required)

First name/last name in block capitals

First name/last name in block capitals

Please send the completed and signed form to:
Viseca Card Services SA, Hagenholzstrasse 56, P.O. Box 7007, 8050 Zurich.